

EXHIBIT 11

1.7.2008 14:35 12345678

D 2

**REDEMPTION REQUEST FORM
INSTRUCTIONS**

This form should be saved and may be used by a shareholder wishing to redeem shares in the Fund. Redeeming shareholders should complete and return this form, including the information on page RR-3.

FAIRFIELD SENTRY LIMITED
c/o Citco Fund Services (Europe) B.V.
Telestone 8 - Teleport
Naritaweg 165
1043 BW Amsterdam
The Netherlands
Telephone: (31-20) 572-2100
Fax: (31-20) 572-2610

Dated (month, day, year): July the 1st 2008

Dear Sirs:

I hereby request redemption, as defined in and subject to all of the terms and conditions of the Confidential Private Placement Memorandum, as it may be amended from time to time (the "Memorandum"), of Fairfield Sentry Limited (the "Fund"), of 0.06 shares, (the "Shares") representing [part/all] of my Shares in the Fund. I understand that redemption will only be effective as of the close of business on the last day of any calendar month, upon at least fifteen (15) calendar days' prior written notice. Except as otherwise provided in the Memorandum, payment of the redemption proceeds will be made within thirty (30) days after the effective date of redemption.

I hereby represent and warrant that (i) I am the true, lawful and beneficial owner of the Shares of the Fund to which this Request relates, with full power and authority to request redemption of such Shares; and (ii) I am not a "U.S. Person" (as that term is defined in the Memorandum). These Shares are not subject to any pledge or otherwise encumbered in any fashion. My signature has been guaranteed by a commercial bank acceptable to the Fund.

Wire Transfer Instructions (to be completed by redeeming shareholder):

Bank Name

CALYON New York
SWIFT CODE : CRLYUS33

Bank Address

ABA Redacted
BEN : CREDIT AGRICOLE LUXEMBOURG

ABA /CHIPS/ BIC Codes

SWIFT CODE : AGRILULA
A/C Redacted 01-00

Account Name

Account Number

RR-1

1.7.2008 14:35 12345678

D 3

SIGNATURES MUST BE IDENTICAL TO NAME(S) IN WHICH SHARES ARE REGISTERED

**ENTITY SHAREHOLDER (OR
ASSIGNEE)**

**INDIVIDUAL SHAREHOLDER(S)
PARTNERSHIP, CORPORATION (OR
ASSIGNEE) OR TRUST**

CREDIT AGRICOLE Luxembourg Private Banking
Name of Registered Owner of Shares

Name of Subscriber

39 Allée Scheffer
L-2520 LUXEMBOURG

Address

Address

Signature (of individual or assignee)

Signature (of partner, authorized corporate
officer or trustee)

Joux Jean-David

Officer

Name and Title

Please Print Name and Title

The 1st of July 2008

Date

Date

Signature (of individual or assignee)

Signature (of partner, authorized corporate
officer or trustee)

Delange Olivier

Officer

Name and Title

Please Print Name and Title

The 1st of July 2008

Date

Date

Signatures guaranteed by:

RR-2

1.7.2008 14:35 12345678

4

REDEMPTION INFORMATION

SHARE REGISTRATION

CREDIT AGRICOLE Luxembourg Private Banking

Name

39 Allée Scheffer

L-2520 LUXEMBOURG

Address

Luxembourg

Country of Residence

+41 58 321 56 50

Telephone

+41 58 321 56 50

Telephone (Evenings)

+352 24 67 88 74

Fax

MAILING (POST) INFORMATION
(if other than address of registration)

Name

Address

Country of Residence

Telephone

Telephone (Evenings)

Fax

BANK FOR TRANSFER OF REDEMPTION

Name

CALYON New York

Address

SWIFT CODE : CRLYUS33

ABA: Redacted

Country of Residence

BEN: CREDIT AGRICOLE LUXEMBOURG

SWIFT CODE : AGRILULA

Telephone

A/C: Redacted 001-00

Telephone (Evenings)

Fax

RR-3